

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-031356

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 4339

FILED SEP 10 1962

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

Catherine Sam

Catherine Samford

8-23-62

BY AFFIDAVIT OF Mrs. Van Buren Valentine DOCUMENT

Hubert M. Parker MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in lb 1 week	c. CITY OR TOWN INDEPENDENCE
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. MARYS HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 700 NO. LIBERTY
3. NAME OF DECEASED (Type or print) First Middle Last VAN BUREN VALENTINE		4. DATE OF DEATH Month Day Year AUGUST 21, 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-8-1880
9. AGE (last birthday) 81 82		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TELEPHONE INSPECTOR		10b. KIND OF BUSINESS OR INDUSTRY MO. PAC. R.R. CO.	
11. BIRTHPLACE (City and state or country) MC KENZIE, TENNESSEE		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME MARTIN VAN BUREN VALENTINE		13b. MOTHER'S MAIDEN NAME CATHERINE SAMFORD	
14. NAME OF HUSBAND OR WIFE ANNE VALENTINE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES SPANISH AMERICAN	
16. INFORMANT Anne Valentine, 700 No. Liberty, Indep., Mo.		17. ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute intestinal Hemorrhage</i> DUE TO (b) <i>Brachy pneumonia</i> DUE TO (c) <i>Emphysema</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. <i>Duodenal ulcer</i>		INTERVAL BETWEEN ONSET AND DEATH 24 hrs. 2 weeks years	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION KANSAS CITY, MISSOURI		20g. COUNTY STATE	
21. I attended the deceased from <i>Aug 16 '62</i> and last saw him alive on <i>Aug 21 '62</i> Death occurred at <i>3:45</i> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <i>Hubert M. Parker M.D.</i>	
22b. ADDRESS <i>928 Argyle Bldg</i>		22c. DATE SIGNED <i>8-22-62</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 8-24-62	
23c. NAME OF CEMETERY OR CREMATORY MT. OLIVET CEMETERY		23d. LOCATION (City, town, or county) KANSAS CITY, MISSOURI	
24. FUNERAL DIRECTOR GEO. C. CARSON & SONS, INDEPENDENCE, MO.		25. DATE RECD. BY LOCAL REG. <i>8-22-62</i>	
26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

VS SEP 10 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Franklin C. Blackwell

Licensed Embalmer No.

4713

P. O. Address

Raytown Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.